

ENROLLEE SATISFACTION: WISCONSIN MEDICAID/BADGERCARE HMO PROGRAM

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CAHPS[®] Enrollee Satisfaction Survey Executive Summary Report

DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF HEALTH CARE FINANCING
BUREAU OF MANAGED HEALTH CARE PROGRAMS

MAY 2005

WISCONSIN MEDICAID/BADGERCARE
2004 CAHPS[®] HMO ENROLLEE
SATISFACTION SURVEY
EXECUTIVE SUMMARY REPORT

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Key to HMOs for Individual HMO charts:

AHP Atrium Health Plan
 DHP Dean Health Plan*
 GHC Group Health Cooperative-South Central*
 GHE Group Health Cooperative-Eau Claire
 HTP Health Traditions Health Plan
 MCP MercyCare Insurance Corporation*
 MHS Managed Health Services
 NHP Network Health Plan
 SHP Security Health Plan*
 THP TouchPoint Health Plan*
 UHC UnitedHealthcare*
 UHP Unity Health Plans*
 VHP Valley Health Plan

*This HMO is fully accredited by the National Committee for Quality Assurance (NCQA®).

Note: Five HMOs that were included in the 1999 Wisconsin Medicaid survey no longer participate in Medicaid/BadgerCare. Also, the HMO formerly known as Greater LaCrosse Health Plan is now Health Tradition. The HMO formerly known as Primecare is now known as UnitedHealthcare. Abri Health Plan joined the program in late 2004 but enrollment in the Plan had not yet begun at the time the survey was administered.

INTRODUCTION

This report presents the results of key areas covered by a survey of Wisconsin Medicaid/BadgerCare HMO enrollees using a standardized survey called CAHPS® (Consumer Assessment of Health Plans).¹ The survey included some state-specified questions, but otherwise, utilized the survey's standard questions. One version of the survey was used when asking about children enrolled in the HMO, another version was used for adults. The results in this report reflect the data on both combined. The survey was administered by a third party under contract with the Wisconsin Department of Health and Family Services.

This report presents information on key indicators selected by the Division of Health Care Financing (DHCF) Quality Assessment and Performance Improvement Strategic Planning Committee that provide insight on enrollee satisfaction in areas important to consumers, such as access to care, HMO customer service, ratings of health care providers and overall quality of health care. The report includes data about overall program performance, trends over time, as well as data on key indicators comparing performance by individual HMOs.

The complete report includes details about the survey method, the questionnaire and data tables upon which the charts in this Executive Summary are based. The complete survey report is available from the Department of Health and Family Services address listed at the end of this introduction.

This report provides comparisons with the survey results obtained on selected similar or identical survey questions when the CAHPS® survey was administered statewide in 1999, 2002 and 2004.

The data comparisons are part of the process used for identification of system-wide or HMO-specific performance improvement opportunities. System-wide performance improvement initiatives are implemented through the Medicaid Quality Assessment/Performance Improvement strategic plan. HMO-specific performance improvement initiatives are implemented by individual HMOs. Performance improvement initiatives may be implemented in response to performance improvement opportunities. A "performance improvement opportunity" generally exists if the data indicates lower performance on that indicator relative to other indicators, if performance is significantly lower than the Wisconsin average on that indicator, or if performance has declined significantly compared to prior results.

Analysis of the results for the topics included in this report is useful for targeting performance improvement efforts in specific program areas, such as the ease and speed of access to care, member service and ratings of health care providers as well as overall quality of health care.

¹ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. government agency.

Please note that the scales used are not identical from graph to graph. This allows clearer visualization of differences of values where the range of values may be small, but for this reason, side-by-side comparison of charts cannot be made.

Gary R. Ilminen, RN, prepared this report. The report was prepared under the overall direction of Angela Dombrowicki, Director, Bureau of Managed Health Care Programs and Richard Carr, MD, MS, Chief Medical Officer, Division of Health Care Financing. Mark B. Moody is the Administrator of the Division of Health Care Financing.

Requests for additional copies of this report or of the full report may be addressed to:

Wisconsin Department of Health and Family Services
Division of Health Care Financing
Bureau of Managed Health Care Programs
Sally Andrews
P.O. Box 309
Madison, WI 53701-0309

Phone: (608) 266-7677

e-mail: andresw@dhfs.state.wi.us

Questions or comments on this report may be addressed to:

Wisconsin Department of Health and Family Services
Division of Health Care Financing
Bureau of Managed Health Care Programs
Gary R. Ilminen, RN
P.O. Box 309
Madison, WI 53701-0309

Phone: (608) 261-7839

e-mail: ilmingr@dhfs.state.wi.us

EXECUTIVE SUMMARY AND KEY FINDINGS

During 2004, the Wisconsin Department of Health and Family Services had contracts with 13 health maintenance organizations (HMOs) to provide health services for individuals eligible for Medicaid. Since July 1999, individuals in the BadgerCare program have also been enrolled in Medicaid HMOs. Medicaid and BadgerCare enrollees are served in both managed care (HMO) and the fee-for-service delivery systems.

Nearly 11,600 Wisconsin Medicaid/BadgerCare HMO enrollees who were continuously enrolled in the same HMO for at least six months were selected for voluntary participation in administration of the satisfaction survey. An average of more than 889 enrollees from each of the HMOs was randomly selected for the survey.

The survey was administered by mail and telephone with accommodation for Spanish and Hmong-speaking enrollees. The survey was administered between September 8, 2004 and January 11, 2005. The overall response rate after two mailings and a telephone contact to non-responders was 42.1 percent, approximately 362 enrollees per HMO. These response rates were sufficient to allow statistically accurate results.

Medicaid/BadgerCare serves a culturally diverse population with a wide range of needs. The table below summarizes the population represented by those who responded to the survey.

Program	Race					Language spoken in home		
	African American	Asian	Native American	White	Multi-cultural & other	English	Spanish	Other
Medicaid/BadgerCare	12.4%	2.8%	0.9%	74.1%	9.8%	95.2%	2.8%	2.0%

The table below describes the distribution of survey respondents by age. The majority of survey respondents were under age 45 years.

Program	Respondent age in years						
	18-24	25-34	35-44	45-54	55-64	65-74	75+
Medicaid/BadgerCare	20.6%	38.3%	27.0%	10.7%	2.4%	0.8%	0.2%

In Medicaid/BadgerCare, 88.5 percent of the respondents were female. Male respondents comprised 11.5 percent of the survey responses.

Overall HMO results compared

Overall enrollee satisfaction was high across all seven key indicators. In addition, overall satisfaction ratings improved for five of the seven indicators between 1999 and 2004.

Satisfaction trended downward somewhat on two indicators; getting needed care and getting needed care quickly.

Chart 1 below illustrates the overall satisfaction ratings on the seven key indicators with the responses expressed as a percentage of the highest rating possible for each indicator.

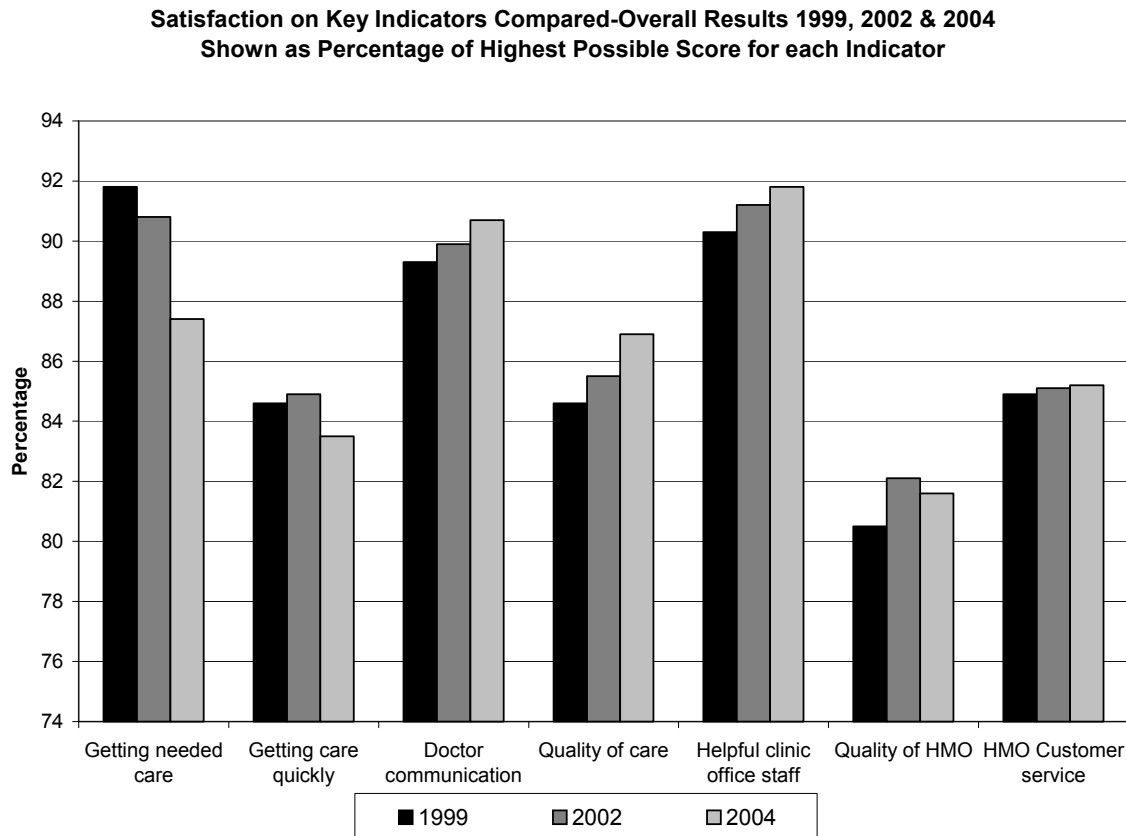


CHART 1.

Note on Chart 1: Results for 2004 and 2002 have been adjusted to reflect the probability of being selected from one HMO versus another that may have differing enrollment size and characteristics. Weighting was not performed on 1999 results.

2004 COMPARISON OF INDIVIDUAL HMO PERFORMANCE DATA

Chart 2. Quality of care by individual HMO rated on a scale of 0-10

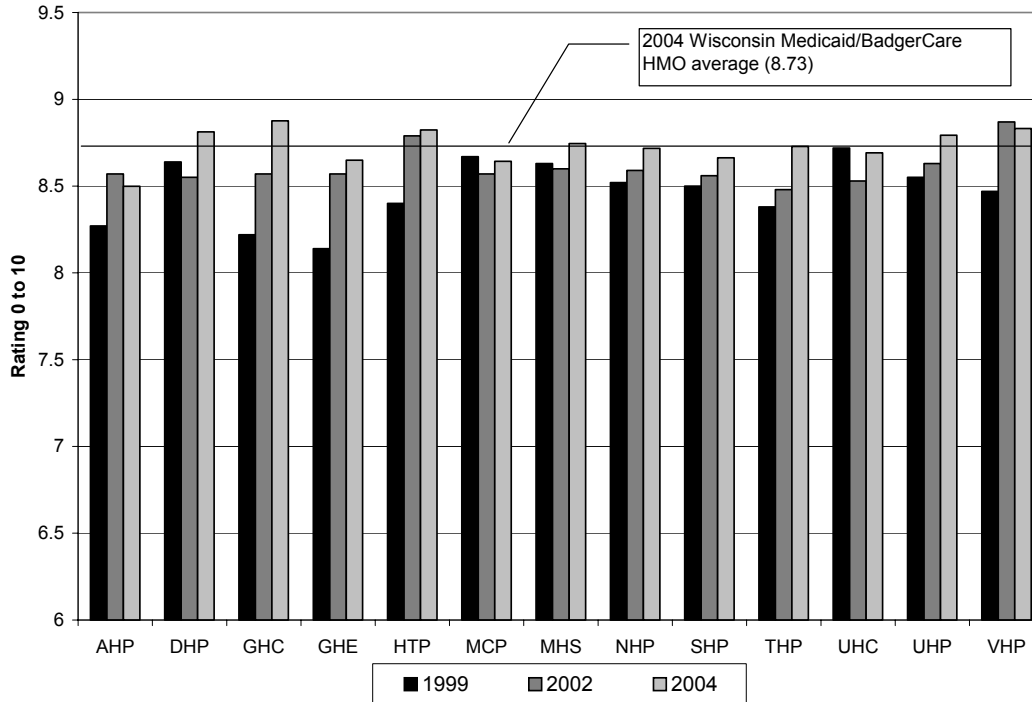


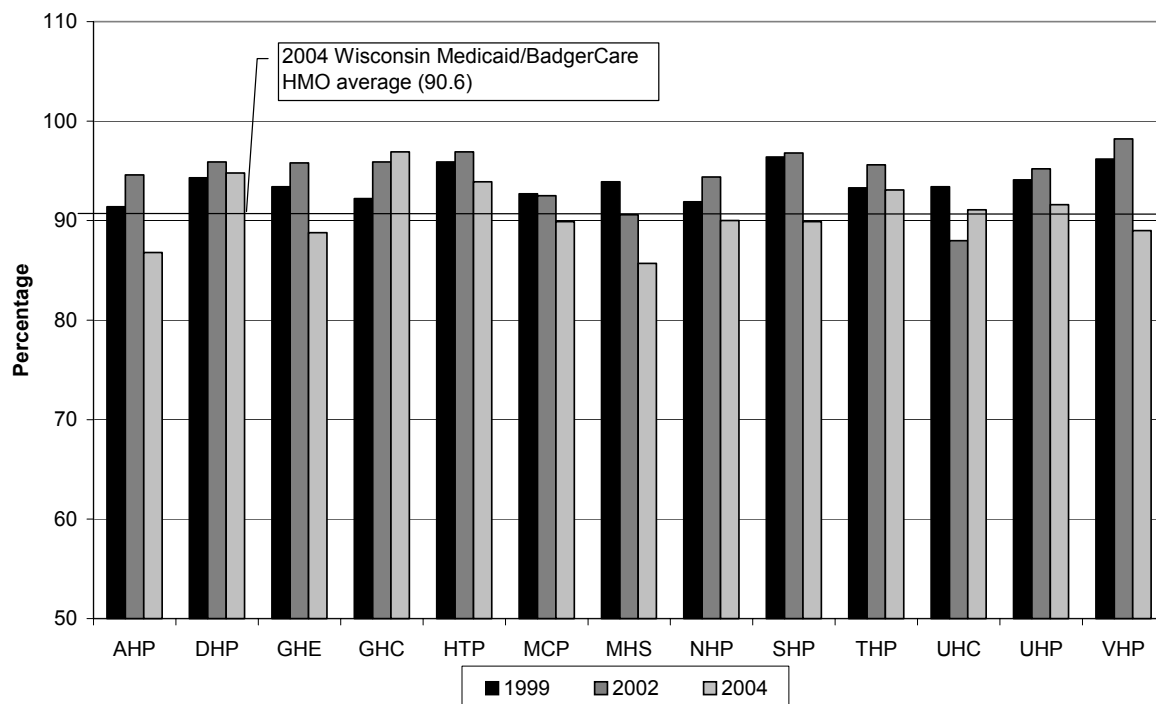
Chart 2 shows that consumer satisfaction ratings for overall quality of care increased among enrollees in 11 of 13 HMOs between 1999 and 2004. Two HMOs (MercyCare Health Insurance and United Healthcare) had slight decreases in their quality of care ratings in the period.

The chart reflects the average rating each HMO received from its enrollees asked to rate the quality of care they received on a scale of 0 to 10, where 0 is the worst and 10 is the best care. The average rating across HMOs in 2004 was 8.73.

Group Health Cooperative-South Central had the highest performance rating on this indicator (8.88) Atrium Health Plan had the lowest rating on this indicator (8.5). This indicates that overall enrollee satisfaction with quality of care is both quite high and consistent across HMOs.

NOTE: HMO abbreviation key is on page 4. Results for 2004 and 2002 were weighted for age, health rating, education, sex and race population differences. Results for 1999 were adjusted for age, health rating and education.

**Chart 3. Satisfaction with getting needed care--
"not a problem" or "a small problem"**



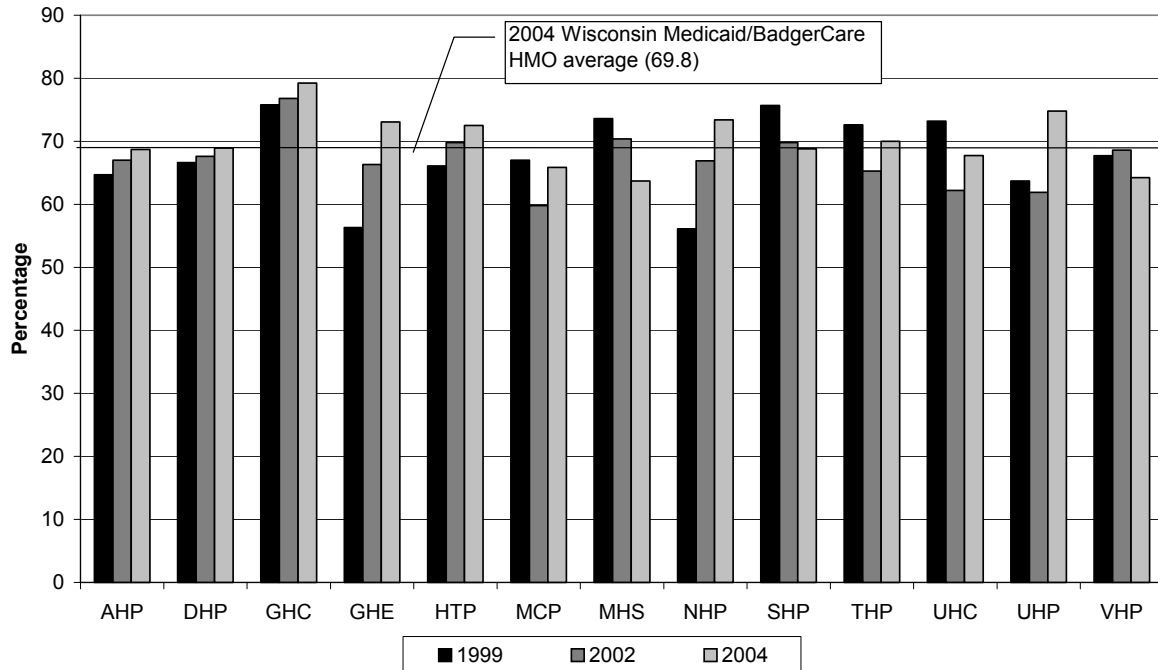
"Getting needed care" is an indicator that reflects enrollee satisfaction with access to care. Chart 3 above indicates the percentage of respondents who indicated that getting needed care was either "not a problem" or a "small problem," which would indicate satisfactory access to care.

Satisfaction with access to care decreased somewhat among enrollees of 11 of 13 HMOs between 1999 and 2004. Two HMOs (Dean Health Plan and Group Health Cooperative-South Central) had small increases in satisfaction on this indicator.

Dean Health Plan, Group Health Cooperative-South Central, Health Tradition Health Plan and Touchpoint Health Plan had the highest satisfaction ratings on this indicator—all above 93 percent; Managed Health Services had the lowest rating at 85.7 percent. The program-wide HMO average was 90.6 percent.

NOTE: HMO abbreviation key is on page 4. Valley Health Plan and Group Health Cooperative—South Central had fewer than 100 responses on this indicator.

**Chart 4. Satisfaction with HMO customer service, by HMO-
percent rating getting service as "not a problem"**



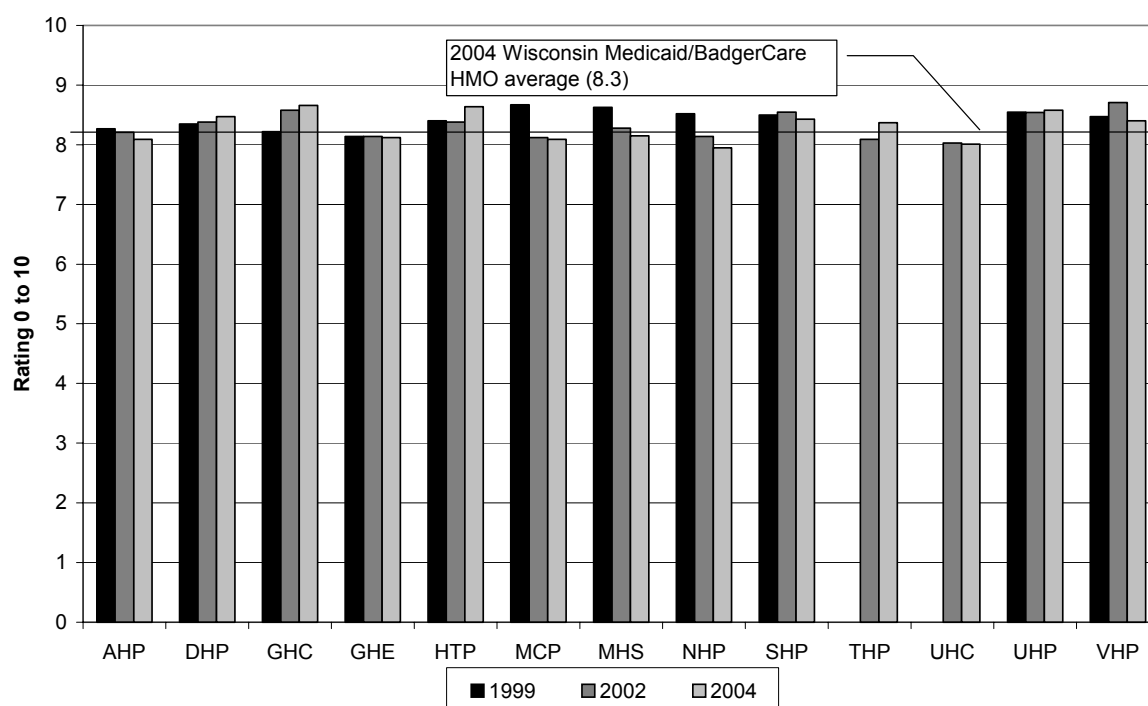
HMO customer service was identified as a performance improvement opportunity in the 1999 Medicaid satisfaction survey. Seven HMOs had improved ratings on their customer service in 2004 compared to 1999.

Both of the HMOs (Group Health Cooperative-Eau Claire and Network Health Plan) identified in 1999 as having significantly lower than average performance on this indicator exhibited significant improvement in 2002 and continued improvement in 2004. Both HMOs are now above the program-wide average.

Group Health Cooperative-South Central had the highest satisfaction rating on this indicator for the second year in a row (79.2 percent); Managed Health Services had the lowest rating in 2004 (63.7 percent), after two years of decreased ratings on the indicator.

NOTE: HMO abbreviation key is on page 4.

Chart 5. Rating of HMO by individual HMO rated on a scale of 0-10



Satisfaction with Medicaid/BadgerCare HMOs has remained quite high from 1999 to 2004, though some HMOs have had small declines on this indicator.

Three HMOs were rated above the program wide average to a statistically significant degree: Group Health Cooperative—South Central, Health Tradition Health Plan and Unity Health Plan. Four fell below the program wide average to a statistically significant degree: Atrium Health Plan, Group Health Cooperative—Eau Claire, MercyCare Health Insurance and UnitedHealthcare.

This was the second year Unity and Group Health Cooperative—South Central were significantly above the average on this indicator. It was also the second year in a row that MercyCare Insurance Corporation and UnitedHealthcare were below the HMO average to a statistically significant degree.

NOTE: HMO abbreviation key is on page 4. Results for 2004 and 2002 weighted for age, health rating, education, sex and race population differences. Results for 1999 were corrected for age, health rating and education.

